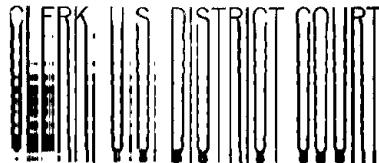


FILED

APR 08 2008

MICHAEL W. DOBBINS



SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Chief of CR Appeals
 Atty Gen's Office
 100 W. Randolph
 12 Floor
 Chicago, IL 60601

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X Agent Addressee

B. Received by / Printed Name _____ Date of Delivery

RECEIVED
ATTORNEY GENERAL

D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

APR 16 2008

**OFFICE SRVCS
 MAILROOM**

3. Service Type

- | | |
|--|---|
| <input checked="" type="checkbox"/> Certified Mail | <input type="checkbox"/> Express Mail |
| <input type="checkbox"/> Registered | <input type="checkbox"/> Return Receipt for Merchandise |
| <input type="checkbox"/> Insured Mail | <input type="checkbox"/> C.O.D. |

4. Restricted Delivery? (Extra Fee)

 Yes

2. Article Number

7002 0510 0000 6469 1779

(Transfer from sel)